

CLAIMS ONLY	Application Number 101628517	Filing Date
	Applicant(s)	

10 | 628517

Filing Date

Applicant(s) _____

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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47						
48						
49						
50						
Total Indep	9					
Total Depend	35					
Total Claims	44					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						